

# ISSUE SLIP STATUS AREA (for all other cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. L.		6/25/99
O.I.P.E. CLASSIFIER		21	6/24/99
FORMALITY REVIEW	[Signature]	88518	7/13/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 ..... Allowed  
 (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	7-1-99
2	7-1-99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy